DDD-1458AFORPF (9-07)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Development Disabilities

ALTCS DENIAL/REDUCTION/TERMINATION OR SUSPENSION OF THERAPY SERVICES

Clear The Form

I the recommendation is to take action this form must be completed and forwarded as follows:

Section 1: To be completed by **Support Coordinator within 5 calendar days**. Forward form to Therapy Coordinator.
Section 2: To be completed by **Therapy Coordinator within 3 calendar days**. Forward form to Program Development & Policy Director.
Section 3: To be completed by **Program Development & Policy Director within 3 calendar days**. Forward form to Medical Director.
Section 4: To be completed by **Medical Director within 3 calendar days**. Notify Support Coordinator.

SECTION 1

INDIVIDUAL'S NAME *(Last, First, M.I.)*	ASSISTS ID NO.
☐ 0 – 3 Years ☐ 3+ Years	DATE OF BIRTH

SUPPORT COORDINATOR	DISTRICT	PHONE NO.	FAX NO.

☐ Therapy script from Primary Care Provider	DATE OF LAST ISP

SERVICE TYPE	ACTION	FREQUENCY	DURATION
☐ Occupational Therapy	☐ Deny ☐ Reduce ☐ Suspension ☐ Terminate		
SERVICE TYPE	**ACTION**	**FREQUENCY**	**DURATION**
☐ Physical Therapy	☐ Deny ☐ Reduce ☐ Suspension ☐ Terminate		
SERVICE TYPE	**ACTION**	**FREQUENCY**	**DURATION**
☐ Speech Therapy	☐ Deny ☐ Reduce ☐ Suspension ☐ Terminate		

SECTION 2

THERAPY COORDINATOR	☐ Verification of above information

REQUEST FOR FURTHER INFORMATION *(e.g. ISP/IFSP, Medical Provider Script, etc.)*

COMMENTS

SECTION 3

PROGRAM DEVELOPMENT & POLICY DIRECTOR	☐ Review of all information

REQUEST FOR FURTHER INFORMATION *(e.g. ISP/IFSP, Medical Provider Script, etc.)*

COMMENTS/MODIFIED REQUEST

RECOMMENDATION	DATE
☐ Approve ☐ Deny	

Clear The Form

DDD-1458AFORPF (9-07) - REVERSE

SECTION 4

MEDICAL DIRECTOR

REQUEST FOR FURTHER INFORMATION *(e.g. ISP/IFSP, Medical Provider Script, etc.)*

COMMENTS/MODIFIED REQUEST

SIGNATURE	DECISION	DATE
	☐ Approve ☐ Deny	

Equal Opportunity Employer/Program ◆ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602 542-0419; TTY/TDD Services: 7-1-1.